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000570 7590 02/03/2005

AKIN GUMP STRAUSS HAUER & FELD L.L.P.
ONE COMMERCE SQUARE
2005 MARKET STREET, SUITE 2200
PHILADELPHIA, PA 19103-7013

02/18/2005 MBERHE1 00000128 10602284

01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP
03 FC:8001 30.00 OP

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|-------------------------|---------------------|------------------|
| 10/602,284 | 06/23/2003 | Edward Michael Hansburg | 1521-261U1 | 9122 |

TITLE OF INVENTION: SYSTEM AND METHOD FOR CONTINUOUS LABEL PRINTING

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| | |
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| <i>Donna Marks</i> | (Depositor's name) |
| <i>Donna Marks</i> | (Signature) |
| <i>2/14/05</i> | (Date) |

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 05/03/2005 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | |
| HAMDAN, WASSEEM H | | 2854 | 400-621000 | | |

| | |
|--|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Oki Data Americas, Inc.

Mt. Laurel, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1017 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Louis Sickles II

Typed or printed name Louis Sickles II

Date February 14, 2005

Registration No. 45,803

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